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CONFIRMATION NO. 4956

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|--|---|-------------------------------|---|--|
| SERIAL NUMBER 10/700,018 | FILING OR 371(c) DATE 11/03/2003 RULE | CLASS 435 | GROUP ART UNIT 1637 | ATTORNEY DOCKET NO. 25006.0003U4 |
| APPLICANTS Paul M. Lizardi, Hamden, CT; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 09/911,226 07/23/2001 PAT 6,642,034 which is a CON of 09/397,915 09/17/1999 PAT 6,280,949 which is a CON of 08/946,732 10/08/1997 PAT 6,124,120 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/22/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Joyce</u> <u>JS</u> Examiner's Signature Initials | | STATE OR COUNTRY CT | SHEETS DRAWING 4 | TOTAL CLAIMS 18 |
| | | | | INDEPENDENT CLAIMS 3 |
| ADDRESS 23859 | | | | |
| TITLE Multiple displacement amplification | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |